

2018 Camp Registration

Please complete the information below in order to register for ConnectAbilities Camp at Ironwood Springs Christian Ranch. Your registration will not be complete until this form, full payment, and liability waiver are received. Cancellations made two or more weeks prior to the first day of camp will receive a refund less a non-refundable \$100 fee. Cancellations made less than two weeks prior to the first day of camp will receive no refund. Register online at ironwoodsprings.com.

Please choose which session you are registering for: **August 12-14** **August 15-17**

Participant Information

Name: _____ Gender: M / F Date of Birth: ___ / ___ / _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____
 Primary Contact (if different than participant) _____ Relationship: _____
 Email: _____ Phone: _____
 Staff Name (attending with participant) _____ Relationship: _____
 Email: _____ Phone: _____
 Facility/Home: _____ How did you hear about us? _____
 Mobility: ___ Mobile ___ Cane ___ Walker ___ Manual Wheelchair ___ Electric Wheelchair ___ Scooter
 T-Shirt Size (circle one) Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Medical Information

All medications must be administered by care provider/staff. Be sure to bring an inhaler and/or epi-pen, if needed.
 Attendee has medical insurance: Yes / No Company _____ Policy No. _____
 Family Doctor _____ Hospital/Clinic Name _____
 Immunizations: DPT Yes / No Polio Yes / No MMR Date ___ / ___ / ___ Tetanus Booster Date ___ / ___ / ___
 I give permission for attendee to receive the following medications: ___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen)
 Please share if attendee has any allergies or reactions to certain medications: _____

 Please share if the attendee has any dietary needs: _____
 Please share if the attendee has any special needs (i.e. ADHD, behavioral challenges, disabilities, etc.): _____

 Please share if the attendee has any limitations has regarding activities, or anything else we should know: _____

Payment Information

 Camper \$325.00 **Staff \$125.00** **Day Camper \$50.00** **Day Staff \$30.00**
 Credit Card (circle one) Visa MC Discover _____ - _____ - _____ - _____ Exp: ___ / ___ CVV: _____
 Name on Card: _____ Billing Street Address: _____ Zip: _____
 Cash **Check No.** _____ **Amount Enclosed / Amount to Charge \$** _____

Please send completed registration with payment and signed liability waiver(s) to the address below.

Ironwood Springs Christian Ranch
ConnectAbilities
7291 County Road 6 SW
Stewartville, MN 55976

Phone: (507) 533-8126
 Fax: (507) 533-8126
 www.ironwoodsprings.com
 Email: jan@ironwoodsprings.com





Release of Liability Form – Camps

Camper Name _____ **Camp Attending** _____

Ironwood Springs Christian Ranch, its officers, directors, agents, representatives, employees, volunteers, successors, and affiliates (hereinafter, "Ironwood") has granted permission for the above named person to participate in a camp, program, or event at Ironwood and its associated activities, both on- and off-premise, including transportation to and from off-premise locations. I understand and certify that participation in a camp, program, event, or activity at Ironwood is completely voluntary and I have familiarized myself with the activities in which the camper will participate. As an adult or the parent or legal guardian having control or custody of the above named person, I hereby grant permission for this person's alleged participation.

I understand that Ironwood does not provide medical/liability insurance. I recognize that certain hazards and dangers are inherent in Ironwood events and programs, including, but not limited to, swimming, climbing, archery, zip lining, horseback riding, snow tubing, ice skating, bouldering, challenge course, and other activities. Although Ironwood takes certain precautions and safety measures to minimize the risk of injury, I acknowledge that Ironwood cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazard, accidents and/or injuries. In cases of minor to mild injury, accident, or illness, I grant permission for treatment by a member of Ironwood staff. In cases of moderate to serious injury, accident, or illness, I grant permission for a licensed physician to diagnose and treat the participant. I agree to pay all expenses for treatment, as deemed necessary by the physician or Ironwood staff. I agree to hold harmless, indemnify and defend Ironwood from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, property damage, or death, which may result from any person using Ironwood facilities, its premises, its entrances and exits, and surrounding areas, regardless of whether said incident results from the negligence of Ironwood or otherwise.

I understand that campers are expected to obey all Ironwood policies, rules, procedures, and verbal instruction. I understand that any camper demonstrating a willful disregard for Ironwood policies and rules is subject to immediate dismissal without refund. I understand that any camper who willfully damages or destroys Ironwood property or equipment will be held responsible and charged accordingly. I grant Ironwood full authority to implement discipline when necessary for the safety of all participants.

I grant Ironwood permission to use comments, photographs, and/or video images of the above named person for the purpose of marketing, publicizing and promoting. I waive any right to be compensated for the use of the camper's comments and/or image and release Ironwood from liability for any claims.

I represent that I am an adult or I am the parent or legal guardian of the above named person, that I am at least eighteen years of age, and that I am under no mental or legal disability which would prevent me from signing and executing this Release of Liability. I further represent that I have read, understand, and agree to the stated terms and conditions.

Signature _____ **Date** _____